

House File 384 - Introduced

HOUSE FILE 384

BY BEST

A BILL FOR

1 An Act relating to health insurance coverage for certain
2 post-mastectomy-related issues.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 514C.36 Post-mastectomy-related
2 issues.

3 1. As used in this section, unless the context otherwise
4 requires:

5 a. "*Cost-sharing*" means any coverage limit, copayment,
6 coinsurance, deductible, or other out-of-pocket expense
7 obligation imposed on a covered person by a policy, contract,
8 or plan providing for third-party payment or prepayment of
9 health or medical expenses.

10 b. "*Covered person*" means a policyholder, subscriber, or
11 other person participating in a policy, contract, or plan that
12 provides for third-party payment or prepayment of health or
13 medical expenses.

14 c. "*Health care professional*" means the same as defined in
15 section 514J.102.

16 d. "*Mastectomy*" means the removal of all or part of a breast
17 for a medically necessary reason as determined by a covered
18 person's health care professional.

19 2. a. Notwithstanding the uniformity of treatment
20 requirements of section 514C.6, a policy, contract, or plan
21 providing for third-party payment or prepayment of health or
22 medical expenses, and that provides coverage for mastectomies,
23 shall provide coverage for all of the following:

24 (1) Physical complications caused by a mastectomy,
25 including lymphedema.

26 (2) Prosthetic devices.

27 (3) A custom fabricated breast prosthesis for each breast on
28 which a mastectomy has been performed.

29 (4) One additional breast prosthesis for each breast
30 affected by a mastectomy.

31 (5) Reconstructive surgery incident to a mastectomy, in
32 the manner determined by the covered person and the covered
33 person's health care professional to be appropriate, including
34 all of the following:

35 (a) All stages of reconstruction of the breast on which the

1 mastectomy has been performed.

2 (b) Surgery and reconstruction of the breast on which the
3 mastectomy was not performed to produce symmetry with the
4 breast on which the mastectomy was performed.

5 b. Coverage requirements under paragraph "a" shall apply
6 regardless of whether a covered person was covered under the
7 policy, contract, or plan at the time of the covered person's
8 mastectomy.

9 c. Coverage required under this section shall not be less
10 favorable than coverage a health carrier offers for general
11 physical illness.

12 d. Cost-sharing imposed for coverage required under this
13 section shall not be less favorable than cost-sharing a health
14 carrier imposes for general physical illness.

15 3. a. This section applies to the following classes of
16 third-party payment provider contracts, policies, or plans
17 delivered, issued for delivery, continued, or renewed in this
18 state on or after January 1, 2024:

19 (1) Individual or group accident and sickness insurance
20 providing coverage on an expense-incurred basis.

21 (2) An individual or group hospital or medical service
22 contract issued pursuant to chapter 509, 514, or 514A.

23 (3) An individual or group health maintenance organization
24 contract regulated under chapter 514B.

25 (4) A plan established for public employees pursuant to
26 chapter 509A.

27 b. This section shall not apply to accident-only, specified
28 disease, short-term hospital or medical, hospital confinement
29 indemnity, credit, dental, vision, Medicare supplement,
30 long-term care, basic hospital and medical-surgical expense
31 coverage as defined by the commissioner of insurance,
32 disability income insurance coverage, coverage issued as a
33 supplement to liability insurance, workers' compensation or
34 similar insurance, or automobile medical payment insurance.

35 4. The commissioner of insurance shall adopt rules pursuant

1 to chapter 17A to administer this section.

2

EXPLANATION

3

The inclusion of this explanation does not constitute agreement with
4 the explanation's substance by the members of the general assembly.

5

This bill relates to health insurance coverage for certain
6 post-mastectomy-related issues.

7

The bill defines "mastectomy" as the removal of all or part
8 of a breast for a medically necessary reason as determined by a
9 covered person's health care professional.

10

The bill requires a health carrier that offers individual,
11 group, or small group contracts, policies, or plans (plans) in
12 this state that provide for third-party payment or prepayment
13 of health or medical expenses, and that provide coverage for
14 mastectomies, to provide coverage for physical complications
15 caused by a mastectomy, including lymphedema; prosthetic
16 devices; a custom fabricated breast prosthesis for each breast
17 on which a mastectomy has been performed; one additional breast
18 prosthesis for each breast affected by a mastectomy; all stages
19 of reconstruction of the breast on which the mastectomy has
20 been performed; and surgery and reconstruction of the breast on
21 which the mastectomy was not performed to produce symmetry with
22 the other breast.

23

The coverage cannot be subject to cost sharing that is
24 greater than the cost sharing that a plan imposes for a
25 mastectomy under the plan.

26

The bill applies to the third-party payment providers
27 enumerated in the bill. The bill specifies the types of
28 specialized health-related insurance which are not subject
29 to the coverage requirements of the bill. The bill applies
30 to third-party payment provider plans delivered, issued for
31 delivery, continued, or renewed in this state on or after
32 January 1, 2024.

33

The commissioner of insurance must adopt rules to administer
34 the bill.